

BOSE MCKINNEY & EVANS LLP**CUSTOMER NUMBER 25267**2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, Indiana 46204**PATENT APPLICATION**

Applicant: Risk

Serial No.: 10/627,226

Filing Date: July 25, 2003

Title: SIDERAIL PAD FOR A HOSPITAL
BED

Group: 3673 Examiner: Trettel

Atty. Docket: 8266-1089

**Certificate Under 37 C.F.R. § 1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

on November 3, 2004

Brenda Vandever

Dated: November 3, 2004

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

| CLAIMS AS AMENDED | | | | | |
|--|---|---------------------------------------|--------------------------|------|-----|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | NUMBER EXTRA | RATE | FEE |
| TOTAL CLAIMS (37 C.F.R. 1.16(c)) | 61 | 63 | 0 | \$18 | \$0 |
| INDEPENDENT CLAIMS (37 C.F.R. 1.16(b)) | 12 | 12 | 0 | \$88 | \$0 |
| If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here. | | | SMALL ENTITY TOTAL | NO | \$0 |
| TOTAL FEE FOR ADDITIONAL CLAIMS | | | | | \$0 |

*If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

**If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

xx An Extension of Time for 1 month is hereby requested under
37 C.F.R. 1.136(a). The required fee for filing this extension is: \$110

Information Disclosure Statement

TOTAL FEE FOR THIS AMENDMENT \$110

xx A check in the amount of \$110 to cover the total fee for this
amendment is attached.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

Attorney of Record

Printed Name: Christine E. Mayewski Orich

Registration No.: 44,987

573270_1



BOSE KINNEY & EVANS LLP

CUSTOMER NUMBER 25267

2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, Indiana 46204
(317) 684-5000

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group: 3673 }
} *Atty. Docket:* 8266-1089 }
} *Applicants:* RISK }
} *Title:* SIDERAIL PAD FOR A }
} HOSPITAL BED }
} *Serial No.:* 10/627,226 }
} *Filed:* July 25, 2003 }
} *Examiner:* Trettel }

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Brenda Vandever
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Dated: November 3, 2004

AMENDMENT

MAIL STOP AF

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the second Office Action dated July 19, 2004, Applicants respectfully submit the following response.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 10 of this paper.